Idaho GED Transcript Request Form



Mailing Address: P.O. Box 83720 Boise ID 83720-0095 Phone: (208) 334-3216

Idaho does not charge for GED Transcripts

REQUIRED INFORMATION:

Please PRINT. We cannot process this request if it is illegible.

Idaho requires you to include a Self-Stamped Envelope with this application that includes the address of the school, company, or institution, etc. where you wish the transcript(s) sent.

Last	First	Middle initial
Legal name at time of testing if	different:	
Date of birth:	h:Social Security Number:	
Current Contact Information: Ph	none Number	Address:
Please send my transcript(s) to	the school, company, or in	stitution, etc. on the Self Stamp Envelope I included:
	•	formation is correct to the best of your knowledge and that you drecipient and/or you will be taking it with you today if you have
Signature:		_Date:
ADDITIONAL INFORMATION	include any additional in	formation or notes to help us locate & process your record
FAXING YOUR TRANSCRIPT:	(You must sign in this box <i>ij</i>	f you want it faxed)
School / Company Name:		
Fax Number:		
Attention To:		
Signature:		Date:

By signing above you are stating that you request your GED transcript be sent via fax to the party listed in the table above. You are also stating that you are aware that the transmission of information via fax may not be secure and/or confidential.

Transcripts are not considered official when sent via fax. Please check with the requesting school, company, or institution to make sure they will accept a faxed copy of your GED transcript prior to submitting this request.